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46333 7590 06/20/2007

HAYNES AND BOONE, LLP
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Kristina A. Garcia	(Depositor's name)
<i>Kristina A. Garcia</i>	
(Signature)	
September 18, 2007	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/691,256	10/22/03	Bret M. BERRY	31132.118	5450

TITLE OF INVENTION: VERTEBRAL BODY REPLACEMENT IMPLANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/20/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS	
STEWART, ALVIN J.		3738		623-017120	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 <u>Haynes and Boone, LLP</u> 2 _____ 3 _____	

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(A) NAME OF ASSIGNEE

Warsaw Orthopedic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Warsaw, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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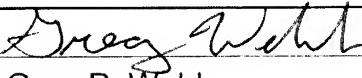
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Typed or printed name Greg P. Webb

Date September 18, 2007

Registration No. 59,859

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